

Department of Health and Human Services
Maine Center for Disease Control and Prevention
286 Water Street
11 State House Station
Augusta, Maine 04333-0011
Tel: (207) 287-5672
Fax: (207) 287-4172; TTY: 1-800-606-0215

SUBSURFACE WASTEWATER DISPOSAL SYSTEM VARIANCE REQUEST

This form must accompany an application (HHE-200 Form) for any subsurface wastewater disposal system which requires a variance to provisions of the Subsurface Wastewater Disposal Rules. The Local Plumbing Inspector must not issue a permit for the installation of a subsurface wastewater disposal system requiring a variance from the Department of Health and Human Services until approval has been received from the Department.

| | | |
|----------------------------|---|------------------------|
| GENERAL INFORMATION | | Town of <u>LAMOINE</u> |
| Property Owner's Name: | <u>STEWART WORKMAN</u> | Tel. No.: _____ |
| System's Location: | <u>249 DOUGLAS HIGHWAY</u> | |
| Property Owner's Address: | <u>358 DOUGLAS HIGHWAY - LAMOINE, ME.</u> Zip Code <u>04605</u> | |
| e-mail address: | _____ | |

The subsurface wastewater disposal system design for the subject property requires a ☒ replacement system variance ☐ first time system variance to the Subsurface Wastewater Disposal Rules. This variance requires ☒ local approval ☐ local and state approval.

| | |
|---|------------------------|
| SPECIFIC VARIANCE REQUESTED (To be filled in by Site Evaluator. Use additional sheets if needed.) | SECTION OF RULE |
| 1. <u>SYSTEM TO OWNER'S DRILLED WELL</u> <u>75'</u> | <u>TABLE 8-A</u> |
| 2. _____ | _____ |
| 3. _____ | _____ |
| SITE EVALUATOR | |
| When a property is found to be unsuitable for subsurface wastewater disposal by a licensed Site Evaluator, the Evaluator shall so inform the property owner. If the property owner, after exploring all other alternatives, wishes to request a variance to the Rules, and the Evaluator in his professional opinion feels the variance request is justified and the site limitations can be overcome, he shall document the soil and site conditions on the Application. The Evaluator shall list the specific variances necessary plus describe below the proposed system design and function. The Evaluator shall further describe how the specific site limitations are to be overcome, and provide any other support documentation as required prior to consideration by the Department. Attach a separate sheet if necessary. | |
| <u>VARIANCE REQUESTS MINIMIZED.</u> | |
| I, <u>WILLIAM A. LABELLE, JR. # 319</u> , S.E., certify that a variance to the Rules is necessary since a system cannot be installed which will completely satisfy all the Rule requirements. In my judgment, the proposed system design on the attached Application is the best alternative available; enhances the potential of the site for subsurface wastewater disposal; and that the system should function properly. | |
| <u>William A. Labelle, Jr. # 319</u> SIGNATURE OF SITE EVALUATOR | <u>2-2-18</u> DATE |

| | |
|--|------------|
| PROPERTY OWNER | |
| I, <u>[Signature]</u> , am the <input type="checkbox"/> owner <input type="checkbox"/> agent for the owner of the subject property. I understand that the installation on the Application is not in total compliance with the Rules. Should the proposed system malfunction, I release all concerned provided they have performed their duties in a reasonable and proper manner, and I will promptly notify the Local Plumbing Inspector and make any corrections required by the Rules. By signing the variance request form, I acknowledge permission for representatives of the Department to enter onto the property to perform such duties as may be necessary to evaluate the variance request. | |
| <input type="checkbox"/> SIGNATURE OF OWNER <input type="checkbox"/> AGENT FOR THE OWNER | DATE _____ |

LAMOINE

249 DOUGLAS HIGHWAY

STEWART WORKMAN

LOCAL PLUMBING INSPECTOR - Approval at local level

The local plumbing inspector shall review all variance requests prior to rendering a decision.

I, Rebecca Albright, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system (☐ does ☒ does not) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I (☒ do ☐ do not) approve the requested variance. I (☒ will ☐ will not) issue a permit for the system's installation as proposed by the application.

Rebecca Albright
LPI Signature

2/7/2018
Date

LOCAL PLUMBING INSPECTOR - Referral to the Department

The local plumbing inspector shall review all variance requests prior to forwarding to the Division of Environmental Health.

I, Rebecca Albright, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system (☐ does ☒ does not) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I (☒ do ☐ do not) recommend the issuance of a permit for the system's installation as proposed by the application.

Rebecca Albright
LPI Signature

2/7/2018
Date

FOR USE BY THE DEPARTMENT ONLY

The Department has reviewed the variance(s) and (☐ does ☐ does not) give its approval. Any additional requirements, recommendations, or reasons for the Variance denial, are given in the attached letter.

SIGNATURE OF THE DEPARTMENT

DATE

Notes: 1. Variances for soil conditions may be approved at the local level as long as the total point assessment is at least the minimum allowed. (See Section 7.B.4 of the Subsurface Wastewater Disposal Rules for Municipal Review.)

2. Variances for other than soil conditions or soil conditions beyond the limit of the LPI's authority are to be submitted to the Department for review. (See Section 7.B.3 for Department Review.) The LPI's signature is required on these variance requests prior to sending them to the Department.

**SOIL, SITE AND ENGINEERING FACTORS FOR FIRST TIME SYSTEM VARIANCE ASSESSMENT
WITH LIMITING SOIL DRAINAGE CONDITIONS (SEE TABLES 7C THROUGH 7M).**

| | CHARACTERISTIC | POINT ASSESSMENT |
|--|----------------|------------------|
| Soil Profile | | |
| Depth to Groundwater/Restrictive Layer | | |
| Terrain | | |
| Size of Property | | |
| Waterbody Setback | | |
| Water Supply | | |
| Type of Development | | |
| Disposal Area Adjustment | | |
| Vertical Separation Distance | | |
| Additional Treatment | | |
| TOTAL POINT ASSESSMENT: | | |

Minimum Points (Check One): ☐ Outside Shoreland Zone-50 ☐ Inside Shoreland Zone-65 ☐ Subdivision-65

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. of Health & Human Services
Div. Environmental Health, 11 SHS
(207) 287-2070 FAX (207) 287-4172

| | | | |
|--|---------------------|--|---|
| PROPERTY LOCATION | | >> CAUTION: LPI APPROVAL REQUIRED << | |
| City, Town, or Plantation | LAMOINE | Town/City | LAMOINE Permit # 1882 |
| Street or Road | DOUGLAS HIGHWAY | Date Permit Issued | 2/16/18 Fee \$ 285 Double Fee Charged () |
| Subdivision, Lot # | #249 | Local Plumbing Inspector Signature | <i>[Signature]</i> L.P.I. # 394 |
| OWNER/APPLICANT INFORMATION | | Fee: \$ 285 state min. fee \$ Locally adopted fee | |
| Name (last, first, MI) | WORKMAN, STEWART | Copy: <input type="checkbox"/> Owner <input type="checkbox"/> Town <input type="checkbox"/> State | |
| Mailing Address of | 358 DOUGLAS HIGHWAY | The Subsurface Wastewater Disposal System shall not be installed until a Permit is issued by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with the application and the Maine Subsurface Wastewater Disposal Rules. | |
| <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant | LAMOINE, ME. 04605 | | |
| Daytime Tel. # | | Municipal Tax Map # 9 | Lot # 15-6 |
| OWNER OR APPLICANT STATEMENT | | CAUTION: INSPECTION REQUIRED | |
| I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a permit. | | I have inspected the installation authorized above and found it to be in compliance with Subsurface Wastewater Disposal Rules Application. | |
| <i>[Signature]</i> Signature of Owner or Applicant | | <i>[Signature]</i> Local Plumbing Inspector Signature | |
| Date | | (1st Date Approved) | |
| | | (2nd Date Approved) | |

PERMIT INFORMATION

| | | |
|--|---|---|
| TYPE OF APPLICATION | THIS APPLICATION REQUIRES | DISPOSAL SYSTEM COMPONENT(S) |
| <input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type Replaced: BED | <input type="checkbox"/> 1. No Rule Variance <input type="checkbox"/> 2. First Time System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input checked="" type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit | <input checked="" type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (graywater & alt. toilet) <input type="checkbox"/> 3. Alternative Toilet, specify: <input type="checkbox"/> 4. Non-engineered Treatment Tank (only) <input type="checkbox"/> 5. Holding Tank, _____ gallons <input type="checkbox"/> 6. Non-engineered Disposal Field (only) <input type="checkbox"/> 7. Separated Laundry System <input type="checkbox"/> 8. Complete Engineered System (2000 gpd or more) <input type="checkbox"/> 9. Engineered Treatment Tank (only) <input type="checkbox"/> 10. Engineered Disposal Field (only) <input type="checkbox"/> 11. Pre-treatment, specify: <input type="checkbox"/> 12. Miscellaneous components |
| Year Installed: 1975+ | DISPOSAL SYSTEM TO SERVE | TYPE OF WATER SUPPLY |
| <input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. Minor Expansion <25% <input type="checkbox"/> b. Major Expansion ≥ 25% <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion | <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: 3 <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: <input type="checkbox"/> 3. Other: (SPECIFY) | <input type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other: |
| SIZE OF PROPERTY _____ sq. ft. _____ + _____ acres | Current Use: <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped | |
| SHORELAND ZONING <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

| | | | |
|---|--|--|--|
| TREATMENT TANK <input checked="" type="checkbox"/> 1. Concrete EXISTING <input type="checkbox"/> a. Regular SEE NOTE <input type="checkbox"/> b. Low Profile PG. 2A) <input checked="" type="checkbox"/> 2. Plastic <input checked="" type="checkbox"/> 3. Other: 3' PUMP TANK CAPACITY 1000 gallons | DISPOSAL FIELD TYPE & SIZE <input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input checked="" type="checkbox"/> 3. Proprietary Device 30 TYPE B43 GSF UNITS <input type="checkbox"/> a. Cluster Array <input type="checkbox"/> c. Linear <input type="checkbox"/> b. Regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: SIZE 1440 sq. ft. <input type="checkbox"/> lin. ft. | GARBAGE DISPOSAL UNIT <input type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe If Yes or Maybe, specify one below: <input type="checkbox"/> a. Multi-compartment Tank <input type="checkbox"/> b. _____ Tanks in Series <input type="checkbox"/> c. Increase in Tank Capacity <input type="checkbox"/> d. Filter on Tank Outlet | DESIGN FLOW 270 gallons per day BASED ON <input type="checkbox"/> 1. Table 4A (dwelling unit(s)) <input type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities |
| SOIL DATA & DESIGN CLASS PROFILE CONDITION 9, D at Observation Hole # 2 Depth 10" OF MOST LIMITING SOIL FACTOR | DISPOSAL FIELD SIZING <input type="checkbox"/> 1. Medium - 2.6 sq. ft./gpd <input type="checkbox"/> 2. Medium-Large - 3.3 sq. ft./gpd <input type="checkbox"/> 3. Large - 4.1 sq. ft./gpd <input checked="" type="checkbox"/> 4. Extra Large - 5.0 sq. ft./gpd | EFFLUENT/EJECTOR PUMP <input type="checkbox"/> 1. Not Required <input type="checkbox"/> 2. May be Required <input checked="" type="checkbox"/> 3. Required Specify only for engineered systems DOSE: _____ gallons | <input checked="" type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA LATITUDE AND LONGITUDE at center of disposal area Lat. 44° 31' 30" N Lon. 68° 22' 30" W If g.p.s., state margin of error: 30' |

SITE EVALUATOR STATEMENT

I certify that on 1-29-18 (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).

[Signature]
Site Evaluator Signature
WILLIAM A. LaBELLE, JR.
319
SE#
(207) 537-5900
2-2-18
Date
labelleseptic@rivah.net
E-mail Address

Site Evaluator Name Printed
Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.

Maine Dept. of Health & Human Services
Division of Environmental Health, 11 SHS
(207) 287-2070 FAX (207) 287-4172

Owner or Applicant Name
STEWART WORKMAN

SITE LOCATION PLAN
(Attach map from Maine Atlas
for First Time System Variance)

MacQuinn Road

| Texture | Consistency | Color | Mottling |
|------------------------|-------------|--|--------------------|
| SANDY | | DARK YELLOWISH BROWN (10YR 4/4) | N.E. |
| CLAY | FRIABLE | LIGHT OLIVE BROWN | COMMON DISTINCT |
| LOAM | COMPACTED | (2.5Y 5/4) | |
| (STANDING WATER @ 14") | | | |

DEPTH BELOW MINERAL SOIL SURFACE (inches)

50

| | | | | |
|----------------------|----------------------------------|--------------|---------------------------------|--|
| Soil 9 Profile | Classification D Condition | Slope 0 % | Limiting Factor 10" Pench | <input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth |
|----------------------|----------------------------------|--------------|---------------------------------|--|

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SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. of Health & Human Services
Division of Environmental Health, 11 SHS
(207) 287-2070 FAX (207) 287-4172

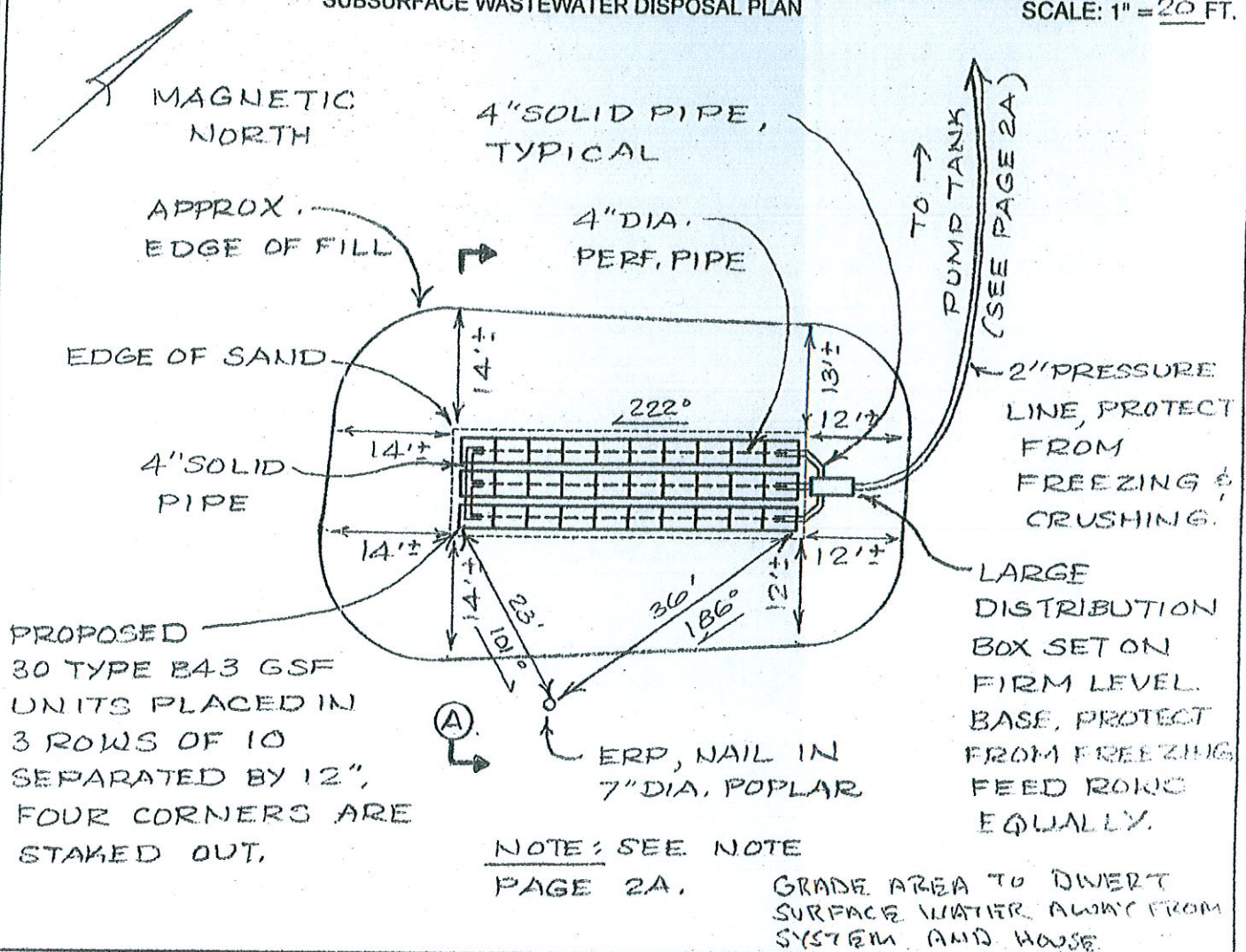
Town, City, Plantation
LAMOINE

Street, Road, Subdivision
DOUGLAS HIGHWAY

Owner or Applicant Name
STEWART WORKMAN

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE: 1" = 20' FT.



| FILL REQUIREMENTS | | CONSTRUCTION ELEVATIONS | | SYSTEM: | PRIVY: | ELEVATION REFERENCE POINT |
|---|---------|--------------------------------------|-----------|---------|--------|---------------------------------|
| Depth of Backfill (Upslope) | 27"-32" | Finished Grade Elevation | MIN. -41" | | | Location & Description NAIL 78' |
| Depth of Backfill (Downslope) | 28"-32" | Top of Distribution Pipe | -49" | | N/A | ABOVE GROUND IN 7" DIA. |
| Depths @ cross-section shown below or on X-sec. detail. | | Bottom of Disposal Field (GSF UNITS) | -60" | | | POPLAR. |
| | | | | | | Reference Elevation is: 0" |

DISPOSAL AREA CROSS SECTION (SEE ATTACHED CROSS SECTION)

NOTES:

1. Grade surrounding area to divert surface water away from system.
2. All work done adjacent to wetlands and water bodies must be done in compliance with section 12 of the Subsurface Wastewater Disposal Rules. Erosion and sediment control measures must be in accordance with the March 2003 edition of the Maine DEP Handbook "Maine Erosion and Sediment Control BMPS" (DEPW0588).
3. Install septic tank(s) risers 18" in diameter "minimum" to within 6" of finished grade on inlet, cleanout and outlet covers (recommend extending risers to finish grade). Install risers to finish grade of appropriate size to allow pump removal on all in-tank pump chambers and separate pump tanks.
4. Protect lift stations and pump tanks from freezing.

Site Evaluator's Signature

319

S.E. #

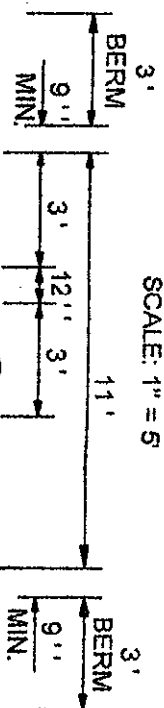
2-2-18

Date

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GSF UNITS CROSS SECTION

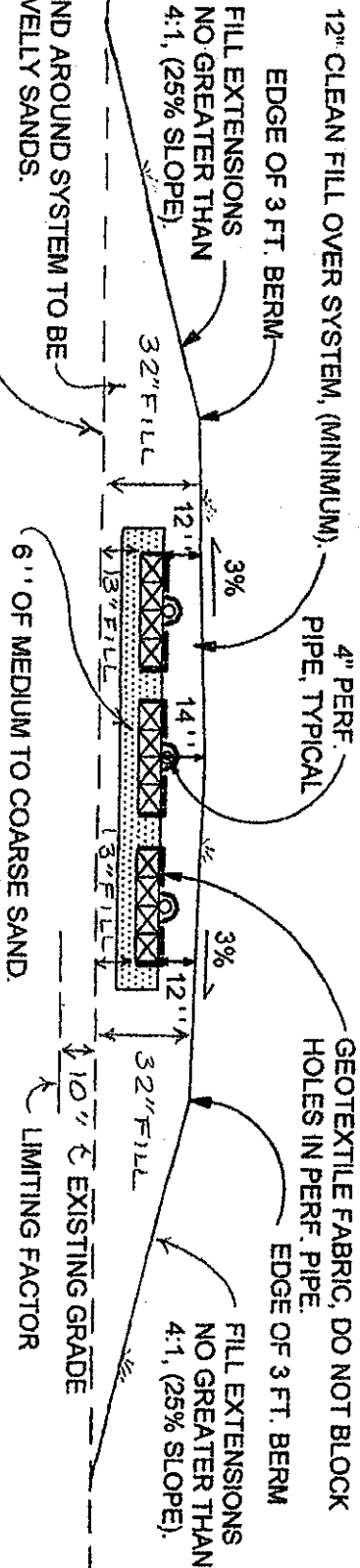
SCALE: 1" = 5'



NOTE:
GRADE UPSLOPE TO DIVERT
SURFACE WATER AWAY FROM
SYSTEM. AND 14005E

TOP 4" OF FILL TO BE A GOOD LOAM
SOIL MIX TO ESTABLISH A GOOD
VEGETATIVE COVER; SEED
AND MULCH TO PREVENT EROSION,
SEC. 11-G.

FILL MATERIAL SHALL BE 8"-12" THICK
OVER GSF UNITS AND SHALL BE GRAVELLY
COARSE SAND TO THE STANDARDS IN
SEC. 11-E IN THE SUBSURFACE RULES.



BOTTOM OF GSF UNITS MUST BE
LEVEL WITH MAXIMUM GRADE
TOLERANCE OF 2" PER 100'.

THOROUGHLY MIX, DISK OR ROTO-TILL
CLEAN, COARSE, SHARP SAND INTO
TOP 6 INCHES OF ORIGINAL SOIL TO
CREATE A TRANSITION ZONE, SEC. 11-B.

ELEVATIONS:
ELEV. REF. PT. (ERP): 0'
FINISHED GRADE: -41" MIN.
TOP OF PIPE: -49"
TOP OF GSF UNITS: -53"
BOTTOM OF GSF UNITS: -60"
BOTTOM OF SAND: -66"

OWNER: STEWART WORKMAN
LOCATION: LAMONE

Doc 17 WILLIAM A. LABELLE, JR.

S.E.#

319

DATE

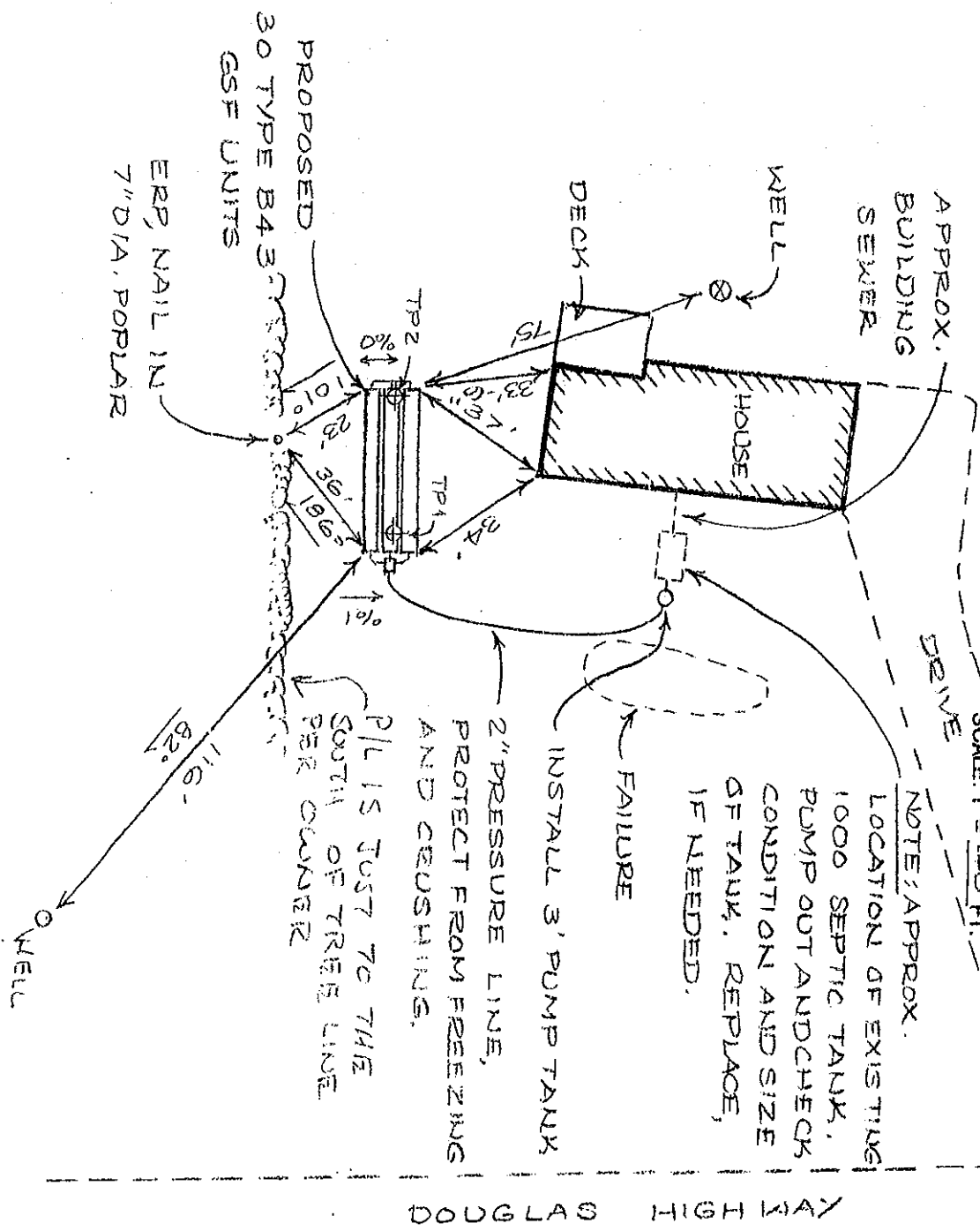
2-2-18

NOTE:
SYSTEM MUST BE INSTALLED ACCORDING
TO THE RULES AND PRACTICES SET FORTH
IN THE MOST CURRENT VERSION OF THE
STATE OF MAINE SUBSURFACE WASTEWATER
DISPOSAL RULES. INSTALLATION CONTRATOR
MUST BE FAMILIAR WITH SAID RULES AND
CONSTRUCT SYSTEM IN FULL COMPLIANCE
WITH SECTION 11 OF SAID RULES.

| | | |
|---|---|---|
| Town, City, Plantation LANA MOINE | Street, Road, Subdivision DOUGLAS HIGHWAY | Owner or Applicant Name STEWART WOODMAN |
|---|---|---|

SITE PLAN:

SCALE: 1" = 40 FT.



PROPOSED
30 TYPE B43
GSF UNITS

ERP, NAIL IN
7" DIA. POPLAR

Site Evaluator's Signature

S.E. # 319

Date 2-2-18